Arizona State Retirement System
Non-Medicare Indemnity Medical Plan
2009/2010 Plan Comparisons

Plan Provisions	Indemnity (effective thru Dec. 31, 2009)	**Choice Plus Plus** (effective Jan. 1, 2010) In-Network	Out-of-Network
Calendar Year Deductible	$500 individual $1,000 family	$500 individual $1,000 family	$500 individual $1,000 family
Out-of-pocket/Coinsurance Maximum	$2,000 individual $4,000 family (excluding deductibles)	$2,000 individual $4,000 family (excluding deductibles and copays)	$6,000 individual $12,000 family (excluding deductibles and Rx copays)
Maximum Lifetime Benefit	$2,000,000	$5,000,000	
Outpatient Benefits			
PCP Office Visit	80%*	100% after $15 copay	60%*
Specialist Office Visit	80%*	100% after $15 copay	60%*
Routine Office Physical	80%*	100% after $15 copay	60%*
Examinations/Immunizations	80%*	100% after $15 copay	60%*
Vision Exam	Not covered	$15 Copy / 1 exam every 2 years	Not covered
Hearing Exam	Not covered	Not covered	Not covered
Outpatient Mental Health	80%*	$15 Copy / 20 visit limit	60%* / 20 visit limit
Outpatient Hospital Services	$250 per visit deductible; then 80%*	80%*	60%*
Outpatient Standard X-rays	80%*	100% *	60%*
Outpatient Specialized Scans	80%*	80%*	60%*
Outpatient Lab Tests	80%*	100%*	60%*
Durable Medical Equipment	80%*	80%*	60%*
Prosthetic Devices	80%*	80%*	60%*
Skilled Nursing Facility	80%*	80%*	60%*
Home Health Care	80%*	80%*	60%*
Physical, Speech & Occupational Therapy	80%*	$15 Copy / 20 visit limit	60%*
Inpatient Benefits			
Inpatient Hospital Expenses	$500 admission deductible; then 80%*	80%*	60%*
Inpatient Mental Health	$500 admission deductible; then 80%*	80%*	60%*
Prescription Benefits			
Generic/Brand	$20/$40 copay	$20/$40 copay	$20/$40 copay
Mail Order (90-day supply)	$40/$80 copay	$40/$80 copay	$40/$80 copay
Other Benefits			
Emergency Room	$75 copay (waived if admitted)	100% after $75 copay	100% after $75 copay
Urgent Care Facility	80%*	100% after $40 copay	60%*
Ambulance	80%*	80%*	80%*
Vision Benefits			
Lenses and Frames	Not covered	Not covered	Not covered
Hearing Aids	Not covered	Not covered	Not covered
Premium: Out of State	$871/ $1742	$700/ $1400	

*Subject to Calendar Year Deductible

Yellow highlight indicates a change from 2009 plan